Filed	
Date/Time	
X	

OATH OF CANDIDACY

To the Election Administrator of Sc	hool District #,		County, Sta	ite of Montana:	
I, the undersigned citizen of the Unqualifications prescribed by the Contrustee, declare, pursuant to 13-10-a term of years of School I district on the day of	nstitution and laws of 501, MCA , that I am a District # in the	the State of Mo a nonpartisan ca e Annual School	ntana for the office ndidate for School I	of School District District Trustee for	
Candidate Name (printed exactly as	it should appear on the	e ballot):			
Mailing Address:					
Street or PO	Box	City		Zip	
Residence Address:Street		City		Zip	
County of Residence:					
Email Address:		Website Address:			
DATED this day of	, 20	(Signature	e of Candidate, as it	appears above)	
The Candidate must sign and acknowledge the Election Administrator or Deput			e a Notary Public, if	mailed, or before	
State of Montana County of					
Signed and sworn to before me this	day of	, 20,	by		
			Printed Name	e of Candidate	
	Si	gnature of Nota	ry or Public Official		
SEAL/STAMP	Pı	Printed name of Notary or Public Official			
	N	Notary Public for the State of Montana			
	Re	esiding at:			
			Expires:		

Submit to Election Administrator with Petition of Nomination at least 40 days before the regular school election day, **13-14-211(3)**, **MCA**.